

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO
09/890709

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3		2					53						
4		2					54						
5		2					55						
6		(1)					56						
7		2					57						
8	1						58						
9	1						59						
10	1						60						
11	1						61						
12		(1)					62						
13		(1)					63						
14		(1)					64						
15		(1)					65						
16		3					66						
17		(1)					67						
18		(1)					68						
19		(1)					69						
20	1						70						
21	1						71						
22	1						72						
23		1					73						
24		2					74						
25		(1)					75						
26		(1)					76						
27		(1)					77						
28		2					78						
29		2					79						
30	1						80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	10						TOTAL IND.						
TOTAL DEP.	29						TOTAL DEP.						
TOTAL CLAIMS	39						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS